



Speech-Language Pathology Program
PO Box 7869
Olympia, WA 98504-7869

**Speech-Language Pathology
Interim Permit
Certificate of Completion**

INTERIM PERMIT HOLDER	START DATE	COMPLETION DATE
PERMIT NUMBER		
<p>The interim permit period is divided into three equal segments. Please indicate which segment and phase of training the interim permit holder has completed.</p> <p>Segment Number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <ul style="list-style-type: none">• WAC 246-828-045(4)(a) At least thirty-six supervisory activities spaced uniformly throughout the year.• WAC 246-828-045(4)(b) At least eighteen on-site observations (one hour equals one on-site observation). At least six on-site observations must be accrued during each segment (up to six hours may be accrued in one day).• WAC 246-828-045(4)(c) Eighteen other monitoring activities, at least six per segment. <p>As the supervisor for interim permit holder _____</p> <p>Permit number _____, I certify that the requirement as checked above has been completed. The education and training objectives have been met and the number of required training hours have been completed.</p>		
SIGNATURE OF SUPERVISOR	DATE	
Number of Activities:		
Number of on-site observations (one hour equals one observation):		
Number of monitoring activities:		
Supervisor Comments: (Please add additional pages as needed)		